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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

*None Ccs*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

*None Ccs*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 06/18/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met	STATE OR COUNTRY CA	SHEETS DRAWING 7	TOTAL CLAIMS 41	INDEPENDENT CLAIMS 4
Verifier and Acknowledged Examiner's Signature <i>Ccs</i>	Allowance <i>Ccs</i> Initials				

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## TITLE

Intraoral data input tool

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